

<b>SECTION 8: MEDICATION MANAGEMENT</b>	<b>POLICY: 8B.16</b>
<b>POLICY: CONTROLLED SUBSTANCES (NARCOTICS)</b>	<b>PAGE: 1 OF: 3</b>

### **PURPOSE:**

- To ensure the safe handling, administration, documentation, and disposal of controlled substances (Schedules II–V) in the home infusion setting.
- To promote patient safety and effective pain management.
- To ensure compliance with federal and state regulations regarding controlled substances.
- To prevent misuse, diversion, or accidental exposure to narcotics.

### **POLICY:**

- Controlled Substances (ie. Narcotics) are medications classified under Schedules II-V of the Controlled Substances Act, including but not limited to opioids such as morphine, fentanyl, and hydromorphone.
- Controlled substances may only be administered by a licensed nurse or taught to the patient by a trained RN, per a valid physician's order.
- All narcotics must be securely stored, administered using aseptic technique, and documented accurately.
- Infusions may be delivered via locked PCA pumps or direct nurse administration.
- Any suspected loss, theft, or diversion of a controlled substance must be reported to the Agency immediately.

### **PROCEDURE:**

#### **1. Order Verification**

- Confirm physician's order includes:
  - Patient's name
  - Drug name, dosage, route, frequency, and duration
  - Diagnosis/indication
- **Clarify any discrepancies with the Agency before proceeding.**

<b>SECTION 8: MEDICATION MANAGEMENT</b>	<b>POLICY: 8B.16</b>
<b>POLICY: CONTROLLED SUBSTANCES (NARCOTICS)</b>	<b>PAGE: 2 OF: 3</b>

## 2. Preparation

- Perform hand hygiene and maintain aseptic technique.
- Assemble all necessary supplies on a clean, dry surface.
- Establish and verify IV access before handling medication.
- Explain the procedure to the patient/caregiver.

## 3. Administration

- Perform 2-patient identifier check (e.g., name and DOB).
- Record baseline vital signs and pain level.
- Administer medication per MD order and pharmacy label.
- Remain with the patient for the entirety of the infusion or 15–30 minutes if using a locked PCA pump.
- Monitor for adverse effects, including hypersensitivity or anaphylaxis.
  - If a serious reaction occurs, stop infusion, initiate emergency treatment, and notify EMS and the Agency.

## 4. Post-Infusion

- Flush IV with 10 mL saline (or as ordered).
- Remove IV if placed during the visit and apply pressure dressing.
- Clean workspace and dispose of waste properly.

## 5. Waste Procedure

- When to Waste:
  - At the end of an infusion or during a bag change if medication remains in the IV bag or tubing.
- How to Waste:
  - Render the remaining narcotic **non-retrievable** by flushing it down a sink or toilet, in accordance with DEA and Agency guidelines.
  - Ensure the waste is performed in a manner that prevents diversion or reuse.
- Documentation of Waste:
  - Record the **volume of medication wasted**.
  - Include:
    - Date and time of waste
    - Drug name and dosage
    - Lot number and expiration date
    - Reason for waste (e.g., end of infusion, bag change)
    - Nurse's name and signature

<b>SECTION 8: MEDICATION MANAGEMENT</b>	<b>POLICY: 8B.16</b>
<b>POLICY: CONTROLLED SUBSTANCES (NARCOTICS)</b>	<b>PAGE: 3 OF: 3</b>

**6. Documentation:**

- Record:
  - Date/time of administration
  - Drug name, dose, route, infusion rate
  - Lot number and expiration date
  - Nurse's name/signature
  - Patient response (pain score, side effects)
  - Volume administered and wasted
- For PCA pumps, document starting volume, doses administered during visit, and remaining volume prior to departure.